| PATENT APPLICATION FEE DETERMINATION RECOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                            |                               |                                   |                        |                                   |            | Application or Dockét Number |                        |        |                         |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|-------------------------------|-----------------------------------|------------------------|-----------------------------------|------------|------------------------------|------------------------|--------|-------------------------|------------------------|--|
| Effective October 1, 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                            |                               |                                   |                        |                                   |            | RD 09/757750                 |                        |        |                         |                        |  |
| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                            |                               |                                   |                        |                                   |            | SMALL ENTITY OTHER THAN      |                        |        |                         |                        |  |
| (0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                            |                               | (Column 1) (Column 1)             |                        |                                   | umn 2) TYP |                              |                        |        | OTHER THAN SMALL ENTITY |                        |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                            | _ ~                           |                                   |                        |                                   | ſ          | RATE                         | FEE                    | 7      | RATE                    | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                            | NUMBER FILED                  |                                   | NUMBER EXTRA           |                                   |            | BASIC FEE 355.00             |                        | OR     | BASIC FEE               | -710.00                |  |
| TC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TAL CHARGE                                     | 20 minus 20=                               |                               | • •                               |                        |                                   | X\$ 9=     |                              | OR                     | X\$18= |                         |                        |  |
| IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EPENDENT C                                     | 8 minus 3 =                                |                               | . 5                               |                        |                                   | X40=       |                              | OR                     | V00    | 4                       |                        |  |
| ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ILTIPLE DEPE                                   | RESENT                                     |                               |                                   |                        |                                   | 105        |                              | 1                      |        | 400.0V                  |                        |  |
| * If the difference in column 1:is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                            |                               |                                   |                        | L                                 | +135=      |                              | OR                     | L      |                         |                        |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                            |                               |                                   |                        |                                   |            | TOTAL                        | <u> </u>               | OR     | TOTAL                   | 1100.00                |  |
| 11 14 d 13 de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                            |                               |                                   |                        | (Column 3)                        |            | SMALL                        | ENTITY                 | OR     | OTHER                   |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | i<br>Larian                   | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY           | PRESENT<br>EXTRA                  |            | RATE                         | ADDI-<br>TIONAL<br>FEE |        | RATE                    | ADDI-<br>TIONAL        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | . 18                                       | Minus                         | - 2                               |                        | =                                 |            | X\$ 9=                       |                        | OR     | X818=                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | . 8                                        | Minus                         | •••                               | 8.                     | =                                 |            | X40≟                         | -                      | OR     | X80=                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |                               |                                   |                        |                                   | ľ          | +13 <b>5</b> €               | -                      |        | 070                     |                        |  |
| and the second of the second o |                                                |                                            |                               |                                   |                        |                                   | L          | TOTAL                        |                        | OR     | +270=<br>TOTAL          |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                            |                               |                                   | -1                     | 612 11 <sup>6</sup>               | A          | DDIT. FEE                    |                        | OR ,   | ADDIT. FEE              | į.                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | (Column 1)<br>CLAIMS                       |                               | (Colum                            |                        | (Column 3)                        |            |                              | 1 4001                 | 1 1    |                         | 4001                   |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100                                            | REMAINING<br>AFTER<br>AMENDMENT            |                               | PREVIO<br>PAID I                  | USLY                   | PRESENT<br>EXTRA                  |            | RATE                         | ADDI-<br>TIONAL<br>FEE |        | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | •                                          | Minus                         | ••                                |                        | =                                 |            | X\$ 9=                       |                        | OR     | X\$18=                  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent ;                                  | NTATION OF ML                              | Minus                         | •••                               | CI AINA                | -                                 |            | X40=                         |                        | OR     | X80=                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TINOT PRESE                                    | STATION OF ME                              | CTIPLE DE                     | CUDENI                            | CLAIM                  |                                   |            | +135=                        |                        | ОЯ     | +270=                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                            |                               |                                   |                        |                                   | AD         | TOTAL<br>DIT. FEE            |                        | OR     | TOTAL<br>ADDIT. FEE     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | (Column 1)                                 |                               | (Colum                            |                        | (Column 3)                        |            |                              |                        |        |                         |                        |  |
| AMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                               | HIGHE<br>NUME<br>PREVIO<br>PAID F | IER<br>USLY            | PRESENT<br>EXTRA                  |            | RATE                         | ADDI-<br>TIONAL        |        | RATE                    | ADDI-<br>TIONAL        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | ·                                          | Minus                         | **                                |                        | =                                 |            | X\$ 9=                       | FEE                    |        | X\$18=                  | FEE                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    |                                            | Minus                         | •••                               |                        | =                                 | H          |                              |                        | OR     |                         |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |                               |                                   |                        |                                   | L          | X40=                         |                        | OR     | X80=                    |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                            |                               |                                   |                        |                                   |            |                              |                        | OR     | +270=                   | 0                      |  |
| ** [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the "Highest Nu                                | mber Previously Pa                         | id For IN THI                 | S SPACE is                        | less than              | n 20. enter "20."                 | ADI        | TOTAL<br>DIT. FEE            |                        | OR ,   | TOTAL                   |                        |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | i vie "Highest Nu<br>Tie "Highest Nuri         | mber Previously Pa<br>iber Previously Paid | id For IN THI<br>For (Total o | 5 SPACE is<br>Independe           | less tha<br>nt) is the | n 3, enter "3."<br>highest number |            |                              | propriate box          |        |                         |                        |  |